

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

FOO/170434

PRELIMINARY RECITALS

Pursuant to a petition filed December 01, 2015, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Jackson County Department of Human Services in regard to FoodShare benefits (FS), a hearing was held on January 13, 2016, at Black River Falls, Wisconsin.

The issue for determination is whether the petitioner has received all of the FoodShare he requested.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

By:

Jackson County Department of Human Services 420 Hwy 54 West Po Box 457 Black River Falls, WI 54615

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien Division of Hearings and Appeals

FINDINGS OF FACT

- 1. The petitioner (CARES # is a resident of Jackson County.
- 2. The petitioner receives \$84 per month in FoodShare benefits. This is based upon a one-person household.

DISCUSSION

The size of a FoodShare allotment depends upon household size and net income. Net income is determined after subtracting from gross income those deductions—and only those deductions—found in 7 CFR § 273.9(d). The petitioner contends that he receives \$16 per month in FoodShare benefits and that he deserves more because the agency has wrongly included a second person in his household. In fact, FoodShare records indicate that he receives \$84 per month and that this is based upon a one-person household. He did not indicate that he believes he should receive more than \$84 per month. Because the records indicate that the agency based his allotment on a one-person household as he contends it should and he does not argue that he is entitled to more than \$84 in FoodShare, there is nothing left to determine. Therefore, I will dismiss his claim.

CONCLUSIONS OF LAW

There is no basis for the petitioner's claim because the agency determined that his household size and FoodShare allotment is what he says it should be.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison, Wisconsin, this 19th day of January, 2016

\sMichael D. O'Brien Administrative Law Judge Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on January 19, 2016.

Jackson County Department of Human Services Division of Health Care Access and Accountability